

F. TRACING AND CLOSING

BOX F1	<p>REFER TO FLAP</p> <p>REVIEW DISCHARGE DATE AND VITAL STATUS OF SP:</p> <p>a. IS SP IN THIS FACILITY?</p> <p style="margin-left: 100px;">YES 1 BOX F2</p> <p style="margin-left: 100px;">NO 2 (b)</p> <p>b. WAS SP DISCHARGED ALIVE?</p> <p style="margin-left: 100px;">YES 1 (F1)</p> <p style="margin-left: 100px;">NO 2 BOX F2</p> <p style="margin-left: 100px;">DON'T KNOW -8 (F1)</p>
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F1. You told me that (SP) has been discharged from this facility. Where was (SP) discharged to?

SPGODCHG	HOME	1 (F2)
	HOSPITAL	2 (F3)
	OTHER LONG TERM CARE FACILITY	3 (F3)
SPGODCOS	SOME OTHER PLACE (SPECIFY)	91 (F3)

F2. What is (SP's) home address?

NFACADDR	_____	
	ADDRESS	
NFACCITY	_____	/ _____
NFACST	CITY	STATE
NFACZIP	_____	
	ZIP	

SKIP TO F4

F3. What is the name and address of that place?

NEWFNONE PLACE HAS NO NAME 1
PRIVATE RESIDENCE 2

NFACNAME _____
HOSPITAL/FACILITY NAME

NFACADDR _____
ADDRESS

NFACCITY _____ / _____
NFACST CITY STATE

NFACZIP _____
ZIP

DON'T KNOW -8

F4. Do you have a phone number for that place? IF YES, RECORD NUMBER BELOW.

NFACAREA PHONE # (_____) _____
NFACEXCH DOES NOT HAVE PHONE # 2
NFACLOCL

F5. Please give me the name of a contact at the (facility/home), such as the name of (the administrator/a relative or someone) at the (facility/home).

NFACFNAM _____
NFACMINT CONTACT NAME
NFACLNAM _____
NFACPREL POSITION/RELATIONSHIP

NO CONTACT NAME KNOWN -8

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BOX F2	a.	REFER TO A8, (PAGE 3):
		A8 CODED "YES" 1 (c)
		A8 CODED "NO" 2 (F11)
		A8 IS BLANK 3 (b)
	b.	REFER TO BASELINE QUESTIONNAIRE - B15 (PAGE 9):
		B15 CODED "YES" 1 (c)
		B15 CODED "NO" 2 (F11)
	c.	RECORD DISCHARGE DATE(S) FROM A9/B16 BELOW, AND, FOR EACH PERIOD OF DISCHARGE AND READMISSION ENTERED IN A9/B16, ASK F6-F10.

You told me (SP) was discharged and readmitted from this (facility/home) (# PERIODS IN A9/B16) times between (REF. DATE) and [(DATE IN A2/B2)/today].

		PERIOD 1 DISCHARGE DATE: ____/____/____	PERIOD 2 DISCHARGE DATE: ____/____/____
F6.	For the time that (SP) was discharged on (A9/B16 DISCHARGE DATE), where was (SP) discharged to? SPECIFY DCHGPLAC DCHGOS	HOME 1 (F7) HOSPITAL 2 (F8) OTHER LONG TERM CARE FACILITY 3 (F8) SOME OTHER PLACE 91 (F8) _____	HOME 1 (F7) HOSPITAL 2 (F8) OTHER LONG TERM CARE FACILITY 3 (F8) SOME OTHER PLACE 91 (F8) _____
F7.	VERIFY HOME ADDRESS IF RECORDED IN F2. OTHERWISE, ASK: What is (SP's) home address? DCHGHOME DCHGADDR DCHGCITY DCHGST DCHGZIP	SAME AS F2 1 _____ ADDRESS _____ CITY _____ STATE ZIP GO TO F9	SAME AS F2 1 _____ ADDRESS _____ CITY _____ STATE ZIP GO TO F9

		PERIOD 1 DISCHARGE DATE: ____/____/____	PERIOD 2 DISCHARGE DATE: ____/____/____
F8.	What is the name and address of that place? DCHGPRIV DCHGPNAM DCHGPADR DCHGPCTY DCHGPST DCHGZIP	PLACE HAS NO NAME 1 PRIVATE RESIDENCE 2 _____ HOSPITAL/FACILITY NAME _____ ADDRESS _____ CITY _____ STATE ZIP DON'T KNOW -8	PLACE HAS NO NAME 1 PRIVATE RESIDENCE 2 _____ HOSPITAL/FACILITY NAME _____ ADDRESS _____ CITY _____ STATE ZIP DON'T KNOW -8
F9.	Do you have a phone number for that place? IF YES, RECORD NUMBER BELOW. DCHGAREA DCHGEXCH , DCHGLOCL DCHGNOPH	(_____ PHONE NUMBER NO PHONE # 2	(_____ PHONE NUMBER NO PHONE # 2
F10.	Please give me the name of a contact at the (facility/home), such as the name of (the administrator/a relative or someone) at the (facility/home). DCHGFNAM DCHGMINT DCHGLNAM DCHGPREL	_____ CONTACT NAME _____ POSITION/RELATIONSHIP NO CONTACT NAME KNOWN -8	_____ CONTACT NAME _____ POSITION/RELATIONSHIP NO CONTACT NAME KNOWN -8

BOX F3	COMPLETE F6-F10 FOR EACH DISCHARGE DATE FROM A9/B16, THEN GO TO F11.
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COMPLETE F11 - F14 FOR EACH RESPONDENT.		RESPONDENT 1
F11.	Thank you. (ENTER RESPONDENT NAME). FRESFNAM FRESMINT FRESLNAM	NAME: _____
F12.	What is your job title? FRESTITL	JOB TITLE: _____
F13.	INTERVIEWER: WERE PATIENT RECORDS USED? FRESREC	YES 1 NO..... 2
F14.	INTERVIEWER: WHICH SECTIONS DID RESPONDENT ANSWER? (CIRCLE ALL THAT APPLY) FRESSECA, FRESSECB, FRESSECD, FRESSECE, FRESSEB4	A B C D E F B4 - B6

RESPONDENT 2	RESPONDENT 3	RESPONDENT 4
NAME: _____	NAME: _____	NAME: _____
JOB TITLE: _____	JOB TITLE: _____	JOB TITLE: _____
YES 1 NO 2	YES 1 NO 2	YES 1 NO 2
A B C D E F B4 - B6	A B C D E F B4 - B6	A B C D E F B4 - B6

TIME INTERVIEW ENDED: _____ AM/PM

MRES.FCORETIM

FOLDOUT FLAP

1. REFERENCE DATE _____/_____/_____
 (MONTH) (DAY) (YEAR) **MRES.MREFDATE**

 2. ADMISSION DATE _____/_____/_____
 (MONTH) (DAY) (YEAR) **FRND.ADMINMM, ADMINDD,
ADMINYY**

 3. DISCHARGE DATE _____/_____/_____
 (MONTH) (DAY) (YEAR) **DISCHMM, DISCHDD,
DISCHYY**

 4. VITAL STATUS: ALIVE 1 **VITALS**
 DECEASED 2
 UNKNOWN 3

 5. END DATE _____/_____/_____
 (MONTH) (DAY) (YEAR) **FENDDATE**

 6. END BILL DATE _____/_____/_____
 (MONTH) (DAY) (YEAR) **ENDBILMM, ENDBILDD,
ENDBILYY**
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